

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000001191**

1. Entity Name  
**THE HOUSE DOCTOR, LLC**



Principal Place of Business  
**2670 TROPICAIRES BLVD  
NORTH PORT, FL 34286**

Mailing Address  
**2670 TROPICAIRES BLVD  
NORTH PORT, FL 34286**



01122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**90-0235625**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LAPERRIERE, JOSEPH A IV  
2670 TROPICAIRES BLVD.  
NORTH PORT, FL 34286**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LAPERRIERE, JOSEPH A IV 2670 TROPICAIRES BLVD. NORTH PORT, FL 34286</b>
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01/26/06-80013-006 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Joseph A. Laperriere IV*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1-18-06 (941) 807-5106*

Date

Daytime Phone #